

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101009097** FILING DATE _____

APPLICANT(S) _____

8/26/04

CLAIMS

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
			IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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50						
TOTAL I.D.	8					
TOTAL C.P.	15	↓	↓	↓	↓	↓
TOTAL CLAIMS	23	↓	↓	↓	↓	↓

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
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98			
99			
100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓